

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X600

Based on an inspection this day, the item(s) noted below identify violations of 410 JAC 7-24. Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

2015 E	ent Addre		Mort and street, city, state, zip code) St. Nun Albay, 12 47157	Telephone Number 812 445 4611	Date of Inspection (mm/dd/yr) 11/20/2019 PERMIT # 19 - 275		
Owner			·	Purpose:	Follow-u	p Release Date	
Ravinder Kans				Routine	No 10 days		
Owner's Ad	ldress			2. Follow-up	2. Follow-up Summary of Violations;		
				3. Complaint	_	_	
Person in C	harge Sechdu	۸.		4. Pre-Operational	c_\(\infty\)	NC Z R I	
Responsible	Person's	E-ma	sil	5. Temporary	Menu Ty	pe (See back of page)	
				6. HACCP			
Certified Fo	ood Mana	ger		7. Other (list)	1 <u>X</u> 2	345	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section# C/NC R Narrative To Be Corrected By							
Z97	NC	R	Observed well amed side asserts	1 Prost in charle		1 de a	
392	ML		Observed burgetor left open	1 /401 16 (100/6		/ · • • ·	
276	76	+-	Observe anythe 187 open			T.day	
:		-					
		1					
					<u>.</u> .		
					*		
				·-			
		-		•.	-		
		 			·		
				· - · · · · · · · · · · · · · · · · · · 			
		<u> </u>					
						2	
						· · · ·	
	<u> </u>	 .					
		1			 :		
Pagared 1	(10000000000	444	print d)	To 4 11 7 100			
Received by (name and title printed): THYANT SACHOEVA				Inspected by (name and title printed): A.J. Ingram (EHS)			
Received by	(signatur	;):		Inspected by (signature):	-7.7.	(07.7)	
3	or)	(0	Man .	N			
ce:	V		ce:		cc;		